

Surplus Lines License # _____(5 or 6 digit)
Social Security # _____

INDIANA DEPARTMENT OF INSURANCE
SEMI-ANNUAL TAX REPORT
SURPLUS LINES RISKS

STATE OF _____
COUNTY of _____

I, _____, am a surplus lines producer of
_____, a licensee under the provisions of 27-1-15.8 et seq of the Indiana
Insurance Code, I hereby certify that, under penalty of perjury, that the following statement is a full, true
and correct statement of premiums charged and premiums returned on policies or contracts placed by the
licensee under the provisions of his/her/its license during each month of the six month period ended (June
30 or December 31) _____ 20_____.

Month	Premiums*
Totals	

*Premiums reported should agree with amounts reported on monthly reports

The licensee shall pay to the Commissioner of Insurance, on February 1st and August 1st, as the case may
be, a sum equal to two and one-half percent of the total amount set forth in the 'Taxable Amount' column
of the above.

(Typed or Printed Name of SL Producer)

(Signature)

(Typed or Printed Name of Tax Preparer)

(Signature)

(Address of Tax Preparer, if different)

(Phone Number)

(E-mail Address)